

## Application Data Sheet

### Application Information

Application number:: 10/584,831

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: POLYPEPTIDES FOR MODULATING BINDING OF TRP CHANNEL PROTEINS AND TRP-ASSOCIATED PROTEINS

Attorney Docket Number:: 026373-000300US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Tymianski

Name Suffix::

City of Residence:: Toronto, Ontario

State or Province of Residence::

Country of Residence:: Canada

Street of Mailing Address:: 175 Dawlish Avenue

City of Mailing Address:: Toronto, Ontario

State or Province of mailing address::

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M4N 1H6

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jonathan

Middle Name:: David

Family Name:: Garman

Name Suffix::

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 5084 McCoy Avenue

City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: P.  
Family Name:: Belmares  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 4628 Thimbleberry Lane  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95129

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application PCT/CA2004/002193	National Stage of Application claiming benefit under 35 USC 119(e)	PCT/CA2004/002193 60/532,169	12/22/2004 12/23/2003

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::	NoNO Inc.
Street of mailing address::	c/o Dr. Michael Tymianski Division of Neurosurgery Toronto Western Hospital, Suite 4W-431 399 Bathurst Street
City of mailing address::	Toronto
State or Province of mailing address::	Ontario
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	M5T 2S8

Assignee Name::	Arbor Vita Corporation
Street of mailing address::	772 Lucerne Drive
City of mailing address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	94085

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Street of mailing address::	c/o Dr. Michael Tymianski Division of Neurosurgery Toronto Western Hospital, Suite 4W-431 399 Bathurst Street
City of mailing address::	Toronto
State or Province of mailing address::	Ontario
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	M5T 2S8

Assignee Name::	Arbor Vita Corporation
Street of mailing address::	772 Lucerne Drive
City of mailing address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	94085